



SPEAKING OF HEALTH

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ALCOHOLISM 9 JAN 1975

COMPLETION OF A TWO PART SERIES ARTICLES ON ALCOHOLISM

Public drunkenness has long been a source of frustration to our judicial system. Until recently the act of becoming intoxicated was viewed as a misdemeanor for which the individual could be punished either by fine or incarceration or both. Recent federal court decisions have, however, created an ambient situation, in which medical rather than punitive approaches to this problem are encouraged. In essence, the courts have questioned the voluntary nature of and legal responsibility for alcohol ingestion by an individual addicted to alcohol. The courts have also reminded the medical profession that acute intoxication and withdrawal are frequently medical emergencies. Thus, the entire judicial system, plagued with the chronic, recidivistic court inebriate is asking the health professions to focus on the matter of public alcoholism. Interestingly, as medical emergency services are now becoming available in many communities for the lower socioeconomic and even indigent acute alcoholic, persons in the middle and upper socioeconomic classes are demanding the same services. The courts' recognition of the acute aspects of alcohol abuse as a medical problem rather than a legal one has quite appropriately shifted responsibility from the policeman to the physician.

Increasing emphasis on the disease nature of alcoholism has led to limited but certainly increased availability of public funds to treat low-income and indigent persons suffering from alcohol abuse. In addition, many group health plans are now beginning to offer partial or total third-party coverage for the treatment of alcohol-related disorders. The diagnostic subterfuge of calling these disorders "gastritis" can be abandoned, and therapeutic attention can be directed at the core issue - the psychological and physiologic consequences of alcohol abuse. Rehabilitation programs specially designed for the needs of industry, encourage proper utilization of group plans and benefits. The old adage "drunks don't pay their bills" is no longer applicable.

Even though the forces of people power, legal power and green power are helping to define areas of responsibility in the management of the alcoholic patient, it still remains very difficult for the physician to conceptualize alcoholism as a disease in the classic sense. Perhaps a more realistic approach would be to drop the "ic" and "ism" from alcohol and to consider psychological and physical dependency on alcohol as the most serious health professions. Consideration can then be given to alcohol as a drug, to man who uses and has the potential to abuse the drug, and to the socio-psycho-physiologic dynamics of alcohol dependency. The disease concept of alcoholism, as it is currently interpreted, enables both

patients and physicians to focus totally on the physical illness aspect and to ignore the psychosocial aspects. An appreciation that alcohol abuse is the most serious drug dependence problem will allow all disciplines to critically consider the various factors involved.

As physicians approach alcohol dependency from a medical-behavioral standpoint, it is essential to re-examine both the silent psychological and physiologic aspects as they pertain to diagnosis and treatment.

Information taken from: "Family Practice; Conn, Rakel, Johnson.

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